

US Postal Service
CERTIFIED MAIL RECEIPT
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Postage \$
Certified Fee \$
Return Receipt Fee (Endorsement Required) \$
Restricted Delivery Fee (Endorsement Required) \$
Total Postage & Fees \$

Start To: *Cohen, Weiss & Simon LLP*
Street, Apt. No.: *330 West 42nd St*
or PO Box No.: *New York, NY 10036-6976*
City, State, ZIP+4

Postmark Here
SEP 06 2005
SHARON HILL PA

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Exhibit
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SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:
Attorney General Office
District of DE
ATTN: Patricia Hannigan
17 Orange St, Suite 700
PO Box 2046
Wilmington, DE 19894-2046

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *Patricia Hannigan* C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number
(Transfer from service label) **7004 1160 0006 3104 1673**

Form 3811, August 2001 Domestic Return Receipt 102595-02-11-1540

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Article Addressed to:
Cohen, Weiss & Simon LLP
ATTN: BRIANA VIGLIOTTI
330 West 42nd Street
New York, NY 10036-6976

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *Bright* C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

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